

Chart 1

Monthly Insurance Rates For Active Employees

Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental/Vision Coverage

Rates For Monthly Payroll Deduction, and Direct Payment Purposes

Effective For The Premium Due July 1, 2004

Type Of Coverage	Premium Amount To Be Deducted on Payroll						Full Cost Premium	
	Premium For Active Employees							
Dental/Vision Coverage:	Individual Coverage			Family Coverage			Individual	Family
Indemnity Plan	\$4.94			\$15.32			\$32.95	\$102.15
PPO Plan	3.51			10.88			23.40	72.52
	Employee's Annual Salary As Of February 1, 2004				Employees Who Are Hired			
	Less Than \$35,000.00		\$35,000.00 and Greater		After June 30, 2003			
Basic Life \$5,000 Coverage Only	\$0.80		\$1.06		\$1.33		\$5.30	
Health Plan Costs (Including Basic Life \$5,000 Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Commonwealth Indemnity Plan Without CIC	\$77.93	\$175.80	\$103.90	\$234.39	\$129.88	\$293.00	\$519.51	\$1,171.97
Commonwealth Indemnity Plan With CIC	101.59	230.67	127.56	289.26	153.54	347.87	543.17	1,226.84
Commonwealth Indemnity Plan PLUS	57.27	131.71	76.35	175.61	95.44	219.52	381.75	878.06
Comm. Indemnity Community Choice Plan	52.96	126.92	70.60	169.22	88.26	211.53	353.01	846.11
Harvard Pilgrim POS	57.25	137.32	76.33	183.08	95.42	228.86	381.65	915.42
Navigator by Tufts Health Plan	54.57	130.82	72.75	174.42	90.94	218.03	363.75	872.10
Fallon Community Health Plan-Direct Care	42.16	100.07	56.21	133.42	70.26	166.78	281.03	667.10
Fallon Community Health Plan-Select Care	50.62	120.39	67.48	160.51	84.36	200.64	337.41	802.55
Health New England	43.94	107.60	58.58	143.47	73.24	179.34	292.92	717.33
Neighborhood Health Plan	47.06	121.00	62.74	161.32	78.43	201.66	313.68	806.61

CIC: Catastrophic Illness Coverage

Individual CIC: \$23.66/month

Family CIC: \$54.87/month

